



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

PLANNED ACTION NOTICE ELIGIBILITY DETERMINATION

CLIENT/APPLICANT NAME AND ADDRESS

REPRESENTATIVE NAME AND ADDRESS

Dear:

DDD has made a determination that you are eligible to be a DDD client. The rules governing a determination of DDD eligibility are in WAC 388-823.

☐ Initial Determination

You ARE eligible to be a client of DDD effective _____

☐ Review Determination

You ARE an eligible client of DDD under the condition(s) of:

- | | | |
|--|---|--|
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Another Neurological Condition |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Other condition similar to Mental Retardation |
| <input type="checkbox"/> Too severe to be assessed | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Medically Intensive | <input type="checkbox"/> Autism | |

☐ Your DDD eligibility has a required expiration or review:

☐ If you do not reapply, your eligibility expires on your ☐ 4th birthday ☐ 10th birthday

☐ DDD will review your eligibility at age 17 prior to your 18th birthday.

☐ Your eligibility review is subject to WAC 388-823-1005 and 1010.

(See enclosed summary of DDD eligibility expiration and review requirements)

CONTACT PERSON	TITLE	TELEPHONE NUMBER
CONTACT FOR EARLY INTERVENTION SERVICES FOR CHILDREN BIRTH THROUGH AGE TWO		TELEPHONE NUMBER

Enclosure: Home and Community Based Waiver Services Brochure

**ELIGIBILITY EXPIRATION AND REVIEW REQUIREMENTS
WAC 388-823**

AGE	ELIGIBILITY CONDITIONS	EXPIRATION	REVIEW	ADDITIONAL CRITERIA
Regardless of date of eligibility determination				
4th birthday	ALL	X		
10th birthday	Developmental delay Down syndrome Too severe to be assessed Medically intensive	X		Termination/expiration effective 10th birthday
18th birthday	Medically intensive	X		Expires prior to age 18 if no longer eligible for nursing through the Medically Intensive Program
Age 17 - 18	ALL		X	Review begins at age 17 with termination no sooner than 18th birthday
18 years old or older	ALL		X	Prior to initial authorization of paid services if most current eligibility determination is more than 2 years old, <u>and</u> you are not receiving paid services.
At any age	ALL		X	Evidence was insufficient, in error, or fraudulent for decision 1992 or later
Age 17 or younger	ALL		X	When new diagnostic information becomes available.
Eligibility determined before July 2005				
Age 4 through 17	Developmental delay Down syndrome		X	Prior to initiation of paid services if you are not receiving paid services
Age 10 or older	Developmental delay Down syndrome		X	Can be reviewed at any time

DDD ELIGIBILITY DETERMINATION PLANNED ACTION NOTICE INSTRUCTIONS

Notification Requirements

1. The Planned Action Notice must be sent within 5 working days of the decision date.
2. The Planned Action Notice is sent with the "Eligibility Expiration and Review Requirements" chart.
3. The Planned Action Notice is addressed to the client regardless of their age and to their representative per WAC 388-825-100. Use the following order to determine who represents the client:
 - A parent if the client is under the age of eighteen;
 - The guardian or other legal representative;
 - Other relatives;
 - Other person identified by the client;
 - An advocacy agency.

Completing the form

1. Effective date is the date generated by the IE application.
2. Identify ALL of the person's eligible condition(s).
3. You must check one of the three reasons for expiration and review. If age 18 or older, check "Your eligibility review is subject to WAC 388-823-1005 and 1010".

Distribution

1. The client and legal representative letter can be mailed in the same envelope if they live at the same address.
2. Put a copy of the letter in the client file.